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PTO/SB/31 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) ENI-028BCP
In re Application of James K. LIAO et al.		
Application Number 09/273445-Conf. #7143	Filed March 19, 1999	
For UPREGULATION OF TYPE III ENDOTHELIAL CELL NITRIC OXIDE SYNTHASE BY HMG-CoA REDUCTASE INHIBITORS		
Art Unit 1617	Examiner J. M. Kim	

Applicant hereby **appeals** to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))

\$ 500.00

Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:

\$ 250.00

A check in the amount of the fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director has already been authorized to charge fees in this application to a Deposit Account.

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 12-0080.

A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

I am the

applicant /inventor.

assignee of record of the entire interest.

See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

Signature

Danielle L. Herritt
Typed or printed name

attorney or agent of record.

Registration number 43,670

(617) 227-7400

Telephone number

attorney or agent acting under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34. _____

December 9, 2004

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.

12/14/2004 MAHMED1 00000072 120080 09273445

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Dated: December 9, 2004

Signature:

(Danielle L. Herritt)

DEC 09 2004

PTO/SB/21 (09-04)

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TRANSMITTAL FORM

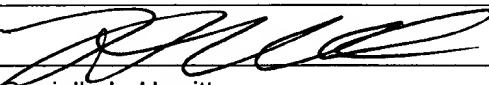
(to be used for all correspondence after initial filing)

		Application Number	09/273445-Conf. #7143
		Filing Date	March 19, 1999
		First Named Inventor	James K. LIAO
		Art Unit	1617
		Examiner Name	J. M. Kim
Total Number of Pages in This Submission		Attorney Docket Number	ENI-028BCP

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

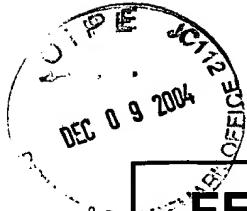
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	LAHIVE & COCKFIELD, LLP		
Signature			
Printed name	Danielle L. Herritt		
Date	December 9, 2004	Reg. No.	43,670

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Dated: December 9, 2004

Signature:  (Danielle L. Herritt)



USE IN LIEU OF PTO/SB/17 (11-04)
Reflects USPTO filing fees in effect from 12/___/04

FEE TRANSMITTAL		Complete if Known	
For FY 2005		Application Number	09/273445-Conf. #7143
(Reflects USPTO filing fees in effect from 12/___/04)		Filing Date	March 19, 1999
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor	James K. LIAO
TOTAL AMOUNT OF PAYMENT (\$ 250.00)		Examiner Name	J. M. Kim
		Art Unit	1617
		Attorney Docket No.	ENI-028BCP

METHOD OF PAYMENT (check all that apply)		FEES CALCULATION (continued)																																																																																																							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Deposit Account <input type="checkbox"/> None Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP		2. EXTRA CLAIM FEES <table border="1"> <thead> <tr> <th><u>Fee Description</u></th> <th><u>Fee (\$)</u></th> <th><u>Small Entity Fee (\$)</u></th> </tr> </thead> <tbody> <tr> <td>Each claim over 20</td> <td>50</td> <td>25</td> </tr> <tr> <td>Each independent claim over 3</td> <td>200</td> <td>100</td> </tr> <tr> <td>Multiple dependent claims</td> <td>360</td> <td>180</td> </tr> <tr> <td>For Reissues, each claim over 20 and more than in the original patent</td> <td>50</td> <td>25</td> </tr> <tr> <td>For Reissues, each independent claim more than in the original patent</td> <td>200</td> <td>100</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th><u>Total Claims</u></th> <th><u>- 20 =</u></th> <th><u>Extra Claims</u></th> <th><u>Fee (\$)</u></th> <th><u>Fee Paid (\$)</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th><u>Indep. Claims</u></th> <th><u>- 3 =</u></th> <th><u>Extra Claims</u></th> <th><u>Fee (\$)</u></th> <th><u>Fee Paid (\$)</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="2"><u>Multiple Dependent Claims</u></th> <th><u>Fee (\$)</u></th> <th><u>Fee Paid (\$)</u></th> </tr> </thead> <tbody> <tr> <td colspan="2">_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th><u>Subtotal (2)</u></th> <th>\$ <u>0.00</u></th> </tr> </thead> </table> 3. OTHER FEES <table border="1"> <thead> <tr> <th><u>Fee Description</u></th> <th><u>Fee (\$)</u></th> <th><u>Small Entity Fee (\$)</u></th> <th><u>Fee Paid</u></th> </tr> </thead> <tbody> <tr> <td>1-month extension of time</td> <td>120</td> <td>60</td> <td>_____</td> </tr> <tr> <td>2-month extension of time</td> <td>450</td> <td>225</td> <td>_____</td> </tr> <tr> <td>3-month extension of time</td> <td>1020</td> <td>510</td> <td>_____</td> </tr> <tr> <td>4-month extension of time</td> <td>1,590</td> <td>795</td> <td>_____</td> </tr> <tr> <td>5-month extension of time</td> <td>2,160</td> <td>1,080</td> <td>_____</td> </tr> <tr> <td>Information disclosure stmt. fee</td> <td>180</td> <td>180</td> <td>_____</td> </tr> <tr> <td>37 CFR 1.17(q) processing fee</td> <td>50</td> <td>50</td> <td>_____</td> </tr> <tr> <td>Non-English specification</td> <td>130</td> <td>130</td> <td>_____</td> </tr> <tr> <td>Notice of Appeal</td> <td>500</td> <td>250</td> <td>250.00</td> </tr> <tr> <td>Filing a brief in support of appeal</td> <td>500</td> <td>250</td> <td>_____</td> </tr> <tr> <td>Request for oral hearing</td> <td>1,000</td> <td>500</td> <td>_____</td> </tr> <tr> <td>Other:</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th><u>Subtotal (3)</u></th> <th>\$ <u>250.00</u></th> </tr> </thead> </table>		<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	Each claim over 20	50	25	Each independent claim over 3	200	100	Multiple dependent claims	360	180	For Reissues, each claim over 20 and more than in the original patent	50	25	For Reissues, each independent claim more than in the original patent	200	100	<u>Total Claims</u>	<u>- 20 =</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	_____	_____	_____	_____	_____	<u>Indep. Claims</u>	<u>- 3 =</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	_____	_____	_____	_____	_____	<u>Multiple Dependent Claims</u>		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	_____		_____	_____	<u>Subtotal (2)</u>	\$ <u>0.00</u>	<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee Paid</u>	1-month extension of time	120	60	_____	2-month extension of time	450	225	_____	3-month extension of time	1020	510	_____	4-month extension of time	1,590	795	_____	5-month extension of time	2,160	1,080	_____	Information disclosure stmt. fee	180	180	_____	37 CFR 1.17(q) processing fee	50	50	_____	Non-English specification	130	130	_____	Notice of Appeal	500	250	250.00	Filing a brief in support of appeal	500	250	_____	Request for oral hearing	1,000	500	_____	Other:	_____	_____	_____	<u>Subtotal (3)</u>	\$ <u>250.00</u>
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